# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 30, 2009**
**Secretary of State**

DOCUMENT# N30029

**Entity Name:** MARION COUNTY BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

21 NORTH MAGNOLIA AVENUE
SECOND FLOOR
OCALA, FL 34475 US

**New Principal Place of Business:**

**Current Mailing Address:**

21 NORTH MAGNOLIA AVENUE
SECOND FLOOR
OCALA, FL 34475 US

**New Mailing Address:**

**FEI Number: 59-2990489** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOBBINS, THOMAS J
21 NORTH MAGNOLIA AVENUE
SECOND FLOOR
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete
Name: CRAGGS, ANN MELINDA
Address: POB 2405
City-St-Zip: OCALA, FL 34478

Title: PE/D ( ) Delete
Name: DOBBINS, THOMAS J
Address: 21 N. MAGNOLIA AVENUE, SECOND FLOOR
City-St-Zip: OCALA, FL 34475

Title: S ( ) Delete
Name: THOMPSON, RENEE
Address: 7 E. SILVER SPRINGS BLVD, SUITE 500
City-St-Zip: OCALA, FL 34470

Title: R ( ) Delete
Name: GIFFORD, ERIC P
Address: 1531 SE 36TH AVENUE
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition
Name: DOBBINS, THOMAS J
Address: 21 N. MAGNOLIA AVENUE, SECOND FLOOR
City-St-Zip: OCALA, FL 34475

Title: PE/D (X) Change ( ) Addition
Name: GIFFORD, ERIC P
Address: 1531 SE 36TH AVENUE
City-St-Zip: OCALA, FL 34477

Title: T (X) Change ( ) Addition
Name: THOMPSON, RENEE
Address: 7 E. SILVER SPRINGS BLVD, SUITE 500
City-St-Zip: OCALA, FL 34470

Title: S (X) Change ( ) Addition
Name: TURNER, CRAIG W
Address: 1531 SE 36TH AVENUE, SUITE E
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. DOBBINS PD 03/30/2009

Electronic Signature of Signing Officer or Director — Date